

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/691056 FILING DATE
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
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9	1	1		1		
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TOTAL IND.	1		1			
TOTAL DEP.		14		14		
TOTAL	1	14	1	14		

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